

# Accident report from the age of 16

Last name  First name  Date of birth   
Street  No.  Postcode  To  Insured no.

What is the best way to contact you if we have any questions?

Telephone  E-Mail

## Overview of the accident

1 a) Which employer were you employed by at the time of the accident?  
(If self-employed:  
company address and legal form)

b) Number of hours per week?

☐ Eight hours or more ☐ Less than eight hours

2 a) If you were not in employment, why was this?

☐ Independent means ☐ Not in paid employment ☐ IV pensioner  
☐ Housewife/househusband ☐ Retired ☐ Other:

b) Last employer prior to the accident?

Employed by this employer from  to

3 Are/were you in receipt of unemployment benefit?

☐ Yes ☐ No from  to

## Details of the accident

4 When did the accident occur?

Date  Time  To

5 Did the accident occur on the way from or to your workplace?  
Did the accident happen while you were at work?

☐ Yes ☐ No  
☐ Yes ☐ No

6 Detailed description of the cause of the accident  
(location, weather, parties involved,  
vehicles, machinery, animals)

7 Eyewitnesses and their addresses

## Treatment

8 Initial treatment by doctor/hospital (address)

Date

9 Who is treating you now? (address)

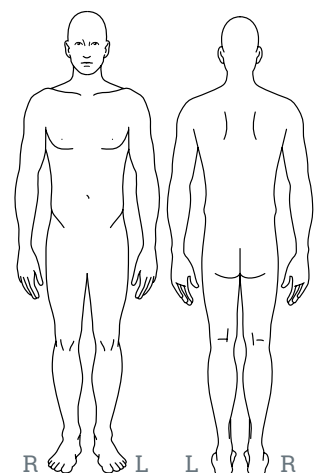
Date

10 Type of injury?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Sprain       | <input type="checkbox"/> Torn ligament   |
| <input type="checkbox"/> Fracture     | <input type="checkbox"/> Meniscus        |
| <input type="checkbox"/> Crush injury | <input type="checkbox"/> Cut             |
| <input type="checkbox"/> Bruising     | <input type="checkbox"/> Whiplash        |
| <input type="checkbox"/> Torn muscle  | <input type="checkbox"/> Dental injuries |

(detailed description,  
body part, tooth, etc.)

Indicate the injured body part



Please turn over

## Parties involved

11 a) Was another person to blame for the accident?

☐ No

☐ Yes, last name / first name and address

b) Does the person involved have liability insurance?  
(If a traffic accident, see additional questions  
under point 15)

☐ No

☐ Yes, name and address of the liability insurance company

Policy/claim no.

12 Is there a police report?

☐ No

☐ Yes, from which police station (name and address)

## Insurance details

13 Do you have accident insurance through  
your employer?

☐ No

☐ Yes, name and address of the liability insurance company

Policy/claim no.

14 Do you have another insurance policy that covers  
this event?

☐ No

☐ Yes, name and address of the liability insurance company

Has the accident already been reported?

☐ Yes ☐ No

Policy/claim no.

Type of insurance

## Traffic accidents

15 **Vehicle you were travelling in**

☐ Moped/bicycle ☐ Car ☐ Motorcycle

Owner

Driver

Licence plate no.

Liability insurance

Passenger insurance

**Other vehicle involved in the collision**

☐ Moped/bicycle ☐ Car ☐ Motorcycle

Owner

Driver

Licence plate no.

Liability insurance

16 **Authorisation/signature**

The undersigned declares that he/she has answered all the questions truthfully and fully, authorises the EGK to inspect all files relating to the accident (e.g. medical documents, other insurers' files), assigns any liability claim arising from the aforementioned accident to EGK up to the amount of the benefits it has paid out and acknowledges that the EGK may assert its claims against third parties or their liability insurance providers.

Place and date

Signature of the insured person  
or his or her legal representative